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PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000060469 (8)

1. Corporation Name

LONE PALM CONSULTING, INC.

Principal Place of Business

428 THE PLACE #B-15  
TAMPA FL 33606

Mailing Address

428 THE PLACE #B-15  
TAMPA FL 33606

2. Principal Place of Business

21 **403 CHIPPEWA AVE.**  
Suite, Apt. #, etc.

2a. Mailing Address

26 **403 CHIPPEWA AVE.**  
Suite, Apt. #, etc.

22 City & State

23 **TAMPA FL**

Zip

24 **33606** 25 **USA**

27 City & State

28 **TAMPA FL**

Zip

29 **33606** 30 **USA**

9. Name and Address of Current Registered Agent

SCHEY, STAN  
428 THE PLACE #B-15  
TAMPA FL 33606

81 Name

**STAN SCHEY**

82 Street Address (P.O. Box Number is Not Acceptable)

**403 CHIPPEWA AVE**

83

84 City

**TAMPA**

FL 85 Zip Code  
**33606**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/23/98**

12.

OFFICERS AND DIRECTORS

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
**P/S/T**  
**STAN SCHEY**  
**403 CHIPPEWA AVE**  
**TAMPA FL 33606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1

2.2

2.3

2.4

3.1

3.2

3.3

3.4

4.1

4.2

4.3

4.4

5.1

5.2

5.3

5.4

6.1

6.2

6.3

6.4

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

CR2E034 (10/97)

**4/23/98** **4/23/98** **4/23/98**